



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90009 025 ****50.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # L05000046844 | | | |  | |
| 1. Entity Name PRIMARY ADVERTISING GROUP LLC | | | | | |
| Principal Place of Business 3350 SOUTH LAKE DRIVE MIAMI, FL 33155 US | | | Mailing Address 3350 SOUTH LAKE DRIVE MIAMI, FL 33155 US | | |
| 2. Principal Place of Business 11443 SW 109 Rd Suite, Apt. #, etc. Unit C City & State Miami FL Zip 33176 Country USA | | 3. Mailing Address 11443 SW 109 Rd Suite, Apt. #, etc. Unit C City & State Miami FL Zip 33176 Country USA | |  | |
| 03222006 Chg-LLC CR2E083 (11/05) | | | | 4. FEI Number 20-2980458 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GUEVARRA, MORAIMA 3350 SOUTH LAKE DRIVE MIAMI, FL 33155 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11443 SW 109 Rd Unit C City Miami FL Zip Code 33176 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>[Signature]</i> | | (NOTE: Registered Agent signature required when reinstating) | | DATE 04-09-06 | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUEVARRA, MORAIMA 3350 SOUTH LAKE DRIVE MIAMI, FL 33155 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROHRBACH, JUSTIN M 3350 SOUTH LAKE DRIVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | Date 04-09-06 | | Daytime Phone # 305-271 8120 | |